

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**09/913574**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51							
2							52							
3							53							
4							54							
5							55							
6		2					56							
7							57							
8		5					58							
9							59							
10							60							
11		2					61							
12							62							
13		2					63							
14							64							
15		3					65							
16							66							
17							67							
18		3					68							
19							69							
20		2					70							
21		3					71							
22		4					72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33	1						83							
34	1						84							
35							85							
36							86							
37	1						87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TAL D.							T TAL IND.							
TAL P.							TOTAL DEP.							
TAL AIMS							T TAL CLAIMS							